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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator John L. COX		
Address Box 2217, Midland, Texas 79702		
Reason(s) for filing (Check proper box)		Other (Please specify)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	CASINGHEAD GAS MUST NOT BE FLARED AFTER 8/1/77 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner _____
THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

I. DESCRIPTION OF WELL AND LEASE

Lease Name State "8"	Well No. 1	Pool Name, Including Formation N. Bagley (Penn.)	Kind of Lease State, Federal or Fee State	Lease No. LG-3870
Location Unit Letter <u>J</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>8</u> Township <u>12S</u> Range <u>33E</u> , NMPM, <u>Lea</u> County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1183, Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Box 1589, Tulsa, Oklahoma 74102					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 8	Twp. 12S	Rge. 33E	Is gas actually connected? No	When unknown

If this production is commingled with that from any other lease or pool, give commingling order number: _____

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 3-26-77	Date Compl. Ready to Prod. 5-29-77		Total Depth 11,060		P.B.T.D. 10,360			
Elevations (DF, RKB, RT, GR, etc.) 4238 Gr.	Name of Producing Formation Lower Bough C		Top Oil/Gas Pay 9640		Tubing Depth 9550			
Perforations 9641-9682 (6 holes), 9944-9956 (6 holes)					Depth Casing Shoe 10,360			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17½"	12 3/4"		378'		450 sx. Circulated			
11"	8 5/8"		3750', DV tool 1390'		675,400 sx. Circ.			
7 7/8"	4½"		10360', DV tool 8010'		800,1000 sx.			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 5-29-77	Date of Test 6-7-77	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls. 40	Water-Bbls. 650	Gas-MCF 37

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Marta Heuback
(Signature)
Production Clerk
(Title)
June 8, 1977
(Date)

OIL CONSERVATION COMMISSION
APPROVED 1977, 19____
BY [Signature]
TITLE SUPERVISOR DISTRICT I
This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.